



Linda McCulloch, Superintendent

Montana Office of Public Instruction  
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## GIFTED & TALENTED GRANT APPLICATION FOR SUPPLEMENTAL FUNDS 2008-2009 SCHOOL YEAR OPTION 1: SERVICES TO STUDENTS

### PURPOSE

It is the purpose of the Gifted and Talented Program monies to provide supplemental financial assistance to public school districts to strengthen the quality of elementary and secondary education through support of locally initiated proposals and activities designed to improve educational practices for gifted and talented students. (Montana Code Annotated (MCA) 20-7-901-904)

DEADLINE: Postmarked no later than April 15, 2008

### GENERAL PROJECT INFORMATION

Prime Applicant District Name	Legal Entity No.	School System No.	County Name/No.
Address		City	ZIP
Check One School System Type: <input type="checkbox"/> K-8 District <input type="checkbox"/> H. S. District <input type="checkbox"/> Combined District <input type="checkbox"/> K-12 District			
Project Director Name		Telephone	
Project Director E-mail Address		FAX	

### STATE FUNDS REQUESTED

Amount Requested

\$ \_\_\_\_\_

### STATEMENT OF ASSURANCES

The Applicant District assures the Superintendent of Public Instruction:

1. that the district(s) will comply with all appropriate sections of Montana Code Annotated (MCA) 20-7-901-904;
2. that the district will keep records and provide information to the state education agency as reasonably may be required for fiscal audit and program evaluation, consistent with the requirements of the state agency under this statute;
3. that the design, planning, and implementation of programs authorized by this chapter will provide for systematic consultation with parents, teachers and administrative personnel in the school(s) and with other groups as may be deemed appropriate by the local education agency; and
4. that the district will comply with the provisions of Administrative Rules of Montana (ARM) 10.55.804, effective 12/8/00.

### SIGNATURES

\_\_\_\_\_  
Authorized Representative for Prime Applicant District      Typed Name of Authorized Representative      Date

This district requests assistance in program development:

Yes ☐

No ☐

Best Time of Year \_\_\_\_\_

The Office of Public Instruction is committed to equal employment opportunity and non-discriminatory access to all our programs and services. For information or to file a complaint, contact the OPI Title IX/EEO Coordinator at (406) 444-3161.

**NOTE: ONLY COMPLETE AS MUCH OF PAGE TWO AS REFLECTS YOUR CURRENT PLANNING STATUS.**

### A. TOTAL ENROLLMENT

**Total** enrollment for each grade level in your district (enter enrollment from AIM).

K	1	2	3	4	5	6	7	8	9	10	11	12	Total

### B. GIFTED STUDENT IDENTIFICATION

Number of gifted students **identified** at every grade level (from AIM). If none are identified, indicate by using "0". Leave blank if the district does not identify at this level.

K	1	2	3	4	5	6	7	8	9	10	11	12	Total

Identified gifted students are \_\_\_\_ % of the total enrollment from Section A.

### C. GIFTED STUDENTS SERVED BY THIS PROJECT

Number of identified gifted students **served by this project** at every applicable grade level.

K	1	2	3	4	5	6	7	8	9	10	11	12	Total

### D. SCREENING/IDENTIFICATION/PLACEMENT COMMITTEE

The screening/identification/placement committee is composed of \_\_\_\_\_ members consisting of:  
(Check all that apply.)

☐ Parents      ☐ Teachers      ☐ Principals      ☐ Counselors      ☐ Other \_\_\_\_\_

### E. CRITERIA TO SELECT STUDENTS

Multiple criteria used to select students for the program are:

TEST NAME	CUT OFF*
<input type="checkbox"/> Group IQ test(s)_____	_____
<input type="checkbox"/> Individual IQ test(s)_____	_____
<input type="checkbox"/> Achievement test(s)_____	_____
<input type="checkbox"/> Creativity test(s)_____	_____
<input type="checkbox"/> Checklists:	
<input type="checkbox"/> Teachers	<input type="checkbox"/> Parents
<input type="checkbox"/> Self	<input type="checkbox"/> Peers
<input type="checkbox"/> Student grades	<input type="checkbox"/> Administrators
<input type="checkbox"/> Student products (portfolio) (specify)_____	<input type="checkbox"/> Other (list)_____

\*Cut-off scores should not be absolutes but should serve as guidance to the placement team as they examine all data collected and used in the decision-making process.

## **F. PROPOSED PROJECT: OPTION 1 - MEETING THE NEEDS OF IDENTIFIED GIFTED STUDENTS**

### **INSTRUCTIONS FOR COMPLETING STUDENT NEED, OBJECTIVE AND STRATEGIES**

The grant purpose is to help you address one or more of the three following broad categories of student needs:

**1. Gifted students are not being challenged by their academic program.**

*Example: 100 percent of students identified as gifted in math grades K-8 scored at the advanced level in math on the CRT administered in (year), but when surveyed, 70 percent indicated that they did not feel challenged by their math instruction.*

**2. Gifted student products or assessment scores do not demonstrate growth.**

*Example: 20 percent of the 40 identified gifted students in grades four through eight were performing below grade level, as indicated by the (year) CRT/NRT test scores in their identified strength areas, and by an assessment of student work products.*

**3. Gifted students have social/emotional needs that result in work habits and behavior that prevent them from reaching their full potential.**

*Example: 30 percent of all 45 identified gifted students surveyed in (month, year) feel the school and other students don't understand them, ridicule them, and make them afraid to show their talent.*

**On the following page, state your need and measurable objective, and complete the budget detail for the activities/strategies using anticipated grant funds. You may select any or all of the above categories of student need. Please complete a separate page 4 for each need/objective/strategy.**

**The budget detail request must be the same dollar amount as funds requested on page 1. (Note: the "local cash match" on page 1 should reflect the total available matching funds from the district's gifted and talented budget. While district's cash match does not need to match item for item, it must consist of district expenditures on gifted education.) The Office of Public Instruction will complete and return a budget page with the approval letter.**

**1. STUDENT NEED DATA**      Check category 1 ☐, 2 ☐, or 3 ☐

Student data (name of data source, and date) \_\_\_\_\_

reveals that (statement of problem, including number or percent of students) \_\_\_\_\_

**2. MEASURABLE OBJECTIVE**

How many (number or percent of students) \_\_\_\_\_

will have accomplished what (desired outcome) \_\_\_\_\_

by (date) \_\_\_\_\_ as measured by \_\_\_\_\_

**3. BUDGET DETAIL (*grant funds only*)**

Activity/Strategy	Salary and Benefits \$	Operating \$
<b>1. Professional Development</b>		
<input type="checkbox"/> Workshop or institute		
<input type="checkbox"/> On-site visitation for staff training		
<input type="checkbox"/> In-house staff development		
<b>2. Instruction</b>	\$	\$
<input type="checkbox"/> Content acceleration		
<input type="checkbox"/> Grade level acceleration, including dual enrollment		
<input type="checkbox"/> Curriculum differentiation		
<input type="checkbox"/> Independent study/individual projects		
<input type="checkbox"/> Development of IE's		
<input type="checkbox"/> Group programming for gifted students (includes honors, advanced placement, seminars, mini-courses, pull-out ability grouping).		
<b>3. Resources</b>	\$	\$
<input type="checkbox"/> Development of resources such as instructional materials or exemplars for assessment of student products.		
<input type="checkbox"/> Purchase of resources such as instructional materials.		
<b>4. Other</b> (describe)		
<b>TOTAL GRANT FUNDS FOR THIS STRATEGY</b>	\$	\$

**(Duplicate this page as needed)**